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CAVERNOUS LYMPHANGIOMA OF THE ORBIT



Fig 1 — Swelling in the Right Upper Orbital Margin

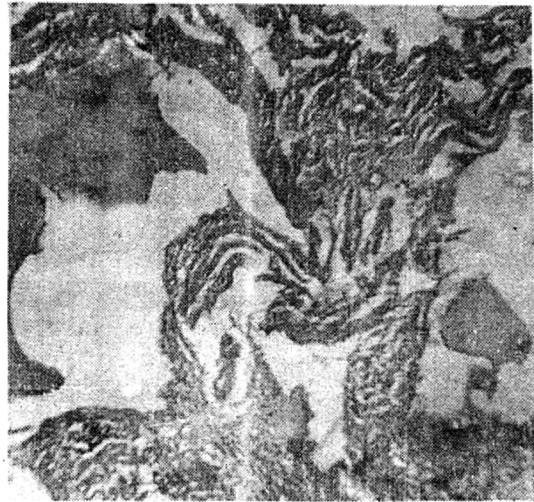


Fig 2 — Dilated Lymphatic Channels in the Microphotograph

A 4½ - year- old boy was referred with the history of unilateral proptosis of the right eye since birth, progressing gradually. A recent increase in size of the swelling had brought the patient to the clinician. The parents gave a history of increase in size of the swelling when he got a common cold. There was no pain but there was diminution of vision for last 3 weeks before admission. On examination a soft swelling was present over the right upper orbital margin, extending to the right forehead with chemosis of conjunctiva (Fig 1). The mass extended under the right upper conjunctiva and the swelling was diffuse. A bluish hue was present in the conjunctiva and skin over the swelling. There was no impulse on coughing and the mobility was restricted. The eyeball was pushed down and out. Examination of fundus revealed no abnormality in both eyes. No other systemic abnormalities were detected. Routine blood and radiological examinations proved no abnormality. CAT scan showed a vascular tumour of the orbit.

Under general anaesthesia with a long supraorbital incision, multiple lobulated, cystic transparent swellings were removed from suprabulbar and retrobulbar regions of the right eye. Some of the lobules had altered blood. Finger dissection was done to avoid trauma to adjacent structures.

Histopathological examination (Fig 2, H & E, X40) of the specimen showed a cavernous lymphangioma. The postoperative period was uneventful. The patient was followed up for a period of 2 years and there was no recurrences.

The lymphangiomas of orbit are rare vascular tumours and they are classified into capillary, cavernous and cystic types. Histologically they are similar to haemangioma except that the endothelium line spaces contain lymph instead of blood. Heavy infiltration with lymphocytes are common, sometimes with the formation of follicles. Proptosis are usually evident at birth, although tumour does not manifest usually until about the age of 6 years. But in this case the boy was aged 4½ years and presented with a quite significant swelling which had brought the patient to the notice of clinician. Visual damage owing to pressure on the optic nerve has been noted but in the present case funduscopy revealed no abnormality. Surgical excision is usually the treatment of choice and gives best result, which was done in this case with successful result.

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